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N.B.—WRITE FULLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH				ARIZONA STATE BOARD OF HEALTH		BUREAU OF VITAL STATISTICS	
1. PLACE OF DEATH				State File No. <u>547</u>		Registered No. <u>947</u>	
County <u>YAVAPAI</u>				State <u>ARIZONA</u>			
Township <u>USVH, Whipple, Arizona</u>				or Village			
City <u>Whipple, Arizona</u>				No. <u>        </u>		St. <u>P.H.</u> Ward <u>        </u>	
(If death occurred in a hospital or institution, give its NAME instead of street and number)							
Length of residence in city or town where death occurred <u>        </u> yrs. <u>6</u> mos. <u>        </u> ds.				How long in U. S. if of foreign birth? <u>        </u> yrs. <u>        </u> mos. <u>        </u> ds.			
2. FULL NAME <u>HIGGINS, Ray</u>							
(a) Residence: No. <u>Chandler, Arizona, Gen. Del.</u>				St. <u>        </u> Ward <u>        </u>		(If nonresident give city or town and State)	
(Usual place of abode)							
PERSONAL AND STATISTICAL PARTICULARS							
3. SEX <u>Male</u>		4. COLOR OR RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) <u>Single</u>			
5a. If married, widowed, or divorced <u>        </u> Sister: <u>Mrs. Ada Joiner</u>							
6. DATE OF BIRTH (month, day, and year) <u>Nov. 16, 1893</u>							
7. AGE		Years <u>37</u>		Months <u>5</u>		Days <u>8</u>	
If LESS than 1 day, <u>        </u> hrs. or <u>        </u> min.							
8. Trade, profession, or particular kind of work done, as <u>spinner, sawyer, bookkeeper, etc.</u> <u>Metal Mining</u>							
9. Industry or business in which work was done, as <u>silk mill, saw mill, bank, etc.</u>							
10. Date deceased last worked at this occupation (month and year) <u>        </u>				11. Total time (years) spent in this occupation <u>        </u>			
12. BIRTHPLACE (city or town) <u>Brice</u>							
(State or country) <u>Arizona</u>							
13. NAME <u>James Higgins (dec)</u>							
14. BIRTHPLACE (city or town) <u>UTAH</u>							
(State or country) <u>        </u>							
15. MAIDEN NAME <u>Sarah Packard (div)</u>							
16. BIRTHPLACE (city or town) <u>UTAH</u>							
(State or country) <u>        </u>							
17. INFORMANT <u>L. D. Loney, Clinical Director.</u>							
(Address) <u>USVH, Whipple, Arizona</u>							
18. BURIAL, CREMATION, OR REMOVAL							
Place <u>Mesa, Arizona</u>				Date <u>4-26-31</u> , 19 <u>31</u>			
19. UNDERTAKER <u>Lester Ruffner</u>							
(Address) <u>Prescott, Arizona</u>							
20. Filed <u>4-27-31</u> 10 <u>        </u> <u>Sanford Southworth</u> Registrar.							
MEDICAL CERTIFICATE OF DEATH							
21. DATE OF DEATH (month, day, and year) <u>April 24, 1931</u>							
22. <u>April 18</u> I HEREBY CERTIFY, That I attended deceased from <u>31</u> to <u>April 24, 1931</u>							
I last saw him alive on <u>April 24, 1931</u> death is said to have occurred on the date stated above, at <u>9:45 P.M.</u>							
The principal cause of death and related causes of importance were as follows:							
<u>Ulcer of the stomach, perforation</u>							
Date of Onset <u>        </u>							
Other contributory causes of importance:							
<u>Abscess lesser omentum</u>							
<u>Subphrenic abscess</u>							
<u>Empyema, right: Pneumonia, lobar, left lung</u>							
Name of operation <u>        </u> Date of <u>        </u>							
Autopsy findings. <u>        </u> Was there an autopsy? <u>Yes</u>							
What test confirmed diagnosis? <u>        </u>							
23. If death was due to external causes (violence) fill in also the following:							
Accident, suicide, or homicide? <u>        </u> Date of injury <u>        </u> , 19 <u>        </u>							
Where did injury occur? <u>        </u> (Specify city or town, county and State)							
Specify whether injury occurred in <u>industry, in home, or in public place.</u>							
Manner of injury <u>        </u>							
Nature of injury <u>        </u>							
24. Was disease or injury in any way related to occupation of deceased? <u>no</u>							
If so, specify <u>        </u>							
(Signed) <u>G. D. ALLEE</u> , M. D.							
(Address) <u>Medical Officer in Charge.</u>							